



# Summer Playground Participant Form

Department of Recreation and Parks • 240-314-8620  
(Return this form to Playground site on first day of program.)

Playground Location \_\_\_\_\_

## PARTICIPANT INFORMATION

Name of Child \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ ☐ M ☐ F Wt. \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Primary Language \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) (#1) \_\_\_\_\_ (#2) \_\_\_\_\_

Email \_\_\_\_\_ (Cell) (#1) \_\_\_\_\_ (#2) \_\_\_\_\_

Emergency Contact (individual other than parent authorized to pick-up your child)

1. Name \_\_\_\_\_ Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_

2. Name \_\_\_\_\_ Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_

## HEALTH HISTORY

Does your child attend a Maryland school? ☐ Yes ☐ No  
If not, please attach a copy of your child's current immunization record

Is your child exempt from any immunizations for religious or medical reasons? ☐ Yes ☐ No. If yes, please submit appropriate papers

**Please circle your child's swimming ability:**

**Non swimmer Beg. Inter. Adv.**

☐ My child has special needs, call 240-314-8620 three weeks in advance for accommodations.

Date of Last Tetanus Shot \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies: ☐ Hay Fever ☐ Poison Ivy ☐ Insect Stings ☐ Foods ☐ Drugs ☐ Other \_\_\_\_\_

Chronic or Recurring Illness: \_\_\_\_\_

Is your child taking any medications? ☐ Yes ☐ No If yes, what? \_\_\_\_\_

**Note: If your child needs any medication during program hours, either notify the recreation office prior to the start of the program at 240-314-8620 or go to [www.rockvillemd.gov/playgrounds](http://www.rockvillemd.gov/playgrounds) to download the necessary forms.**

List any concerns which may affect your child's participation in any activities including operations or serious illness

List any specific activities to be encouraged or restricted \_\_\_\_\_

## DISMISSAL AGREEMENT

(Since this information is the most current, it will be used over that which was given at the time of registration.)

Please check appropriate space:

☐ I give permission for city staff to allow my child to leave the program unescorted. My child's age is: \_\_\_\_\_

☐ Escorted from the program by parent/guardian, emergency contact or authorized individuals listed below:

1. Name \_\_\_\_\_ Phone (C) \_\_\_\_\_ (H) \_\_\_\_\_

2. Name \_\_\_\_\_ Phone (C) \_\_\_\_\_ (H) \_\_\_\_\_

Signature of Parent/Guardian

Date

City of Rockville • Department of Recreation and Parks

AGREEMENT TO PARTICIPATE

Name of Participant: \_\_\_\_\_

Parent/Guardian: Please help your child read and understand the following agreement.

***I understand:***

1. That there are inherent dangers involved in participation in activities, such as \_\_\_\_\_  
\_\_\_\_\_ (fill in program name).
2. That I must be aware of the risks and hazards associated with participants, and various injuries related to this activity.
3. The rules and regulations for each activity, as explained in any written materials and/or explained by staff.

***I agree:***

1. To obey the rules and regulations for this activity and to follow the directions of the staff.
2. To inform a staff member of any dangerous or potentially hazardous situations I have observed.
3. That if I do not understand how an activity is performed or how a piece of equipment is to be used, I will ask a staff member prior to beginning the activity.
4. To inform a staff member if I have any problem meeting the physical requirements necessary for participation in this activity.

\_\_\_\_\_  
Signature of Participant (8 years and older must sign)

\_\_\_\_\_  
Date

Parent/Guardian: By my signature below, I hereby certify that I have reviewed the above "Agreement to Participate" with my child and that he/she understands his/her responsibilities as a participant.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

.....  
**RELEASE**

I know that participation in \_\_\_\_\_ (fill in program name) may be a hazardous activity and that my child should not participate unless he/she is in good physical shape and is medically able. I assume all risks associated with participation in this activity, including but not limited to, those generally associated with this type of activity, the hazards of traveling on public highways, of accidents, of illness, and of the forces of nature. In consideration of the right to participate in the above-named activity or program and in further consideration of the arrangement made for my child by the Mayor and Council of Rockville through its Department of Recreation and Parks for food, travel, and recreation, I do hereby on behalf of my child, my heirs, and executors indemnify the Mayor and Council of the City of Rockville and all of its agents, officers and employees, from any and all claims for injuries or loss of any person or property which may arise out of or result from my child's participation in the above-referenced program or activity.

I further grant permission for a doctor or emergency medical technician to administer emergency treatment of my child, \_\_\_\_\_ (name of child), \_\_\_\_\_ (age), in the event I cannot be reached in a medical emergency.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

(See Reverse Side)